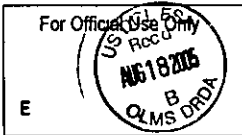


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| | |
|---|---|
| 1 File Number U - <u>9887</u> | 2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u> |
| 3 Name and address of person filing Name <u>DONALD</u> <u>W</u> <u>CROWE, SR.</u> P O Box, Bldg, Room No, if any Street <u>105 PROGRESS PARKWAY</u> City <u>MARYLAND HEIGHTS</u> State <u>Missouri</u> ZIP Code + 4 <u>63043</u> | 4 Name, file number, and address of labor organization Name <u>GRAPHIC COMMUNICATION INT'L UNION LOCAL 6-505M</u> Labor Organization File Number <u>064-088</u> P O Box, Building and Room Number, if any Street <u>105 PROGRESS PARKWAY</u> City <u>MARYLAND HEIGHTS</u> State <u>Missouri</u> ZIP Code + 4 <u>63043</u> |
| 5 Position in labor organization <u>SECRETARY-TREASURER</u> | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

| | |
|---|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent | |
| 6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4 | 7 a Nature of Interest, Transaction, or Income 7 b Amount |

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed Don Crowe

On 8/12/05
Date

(314) 878-4616
Telephone Number

Name of Person Filing DONALD CROWE, SR.

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

9 Business deals with

☐ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

| |
|--|
| |
|--|

11 b Approximate dollar value of such dealing

| |
|--|
| |
|--|

12 a Nature of interest held or income received

| |
|--|
| |
|--|

12 b Amount

| |
|--|
| |
|--|

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name JOHN MOYNIHAM

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 14323 S. OUTER FORTY ROAD

City TOWN & COUNTRY

State Missouri ZIP Code + 4 63017

14 a Nature of payment

LUNCH AT 401K MEETING ON 1/27/04

| |
|--|
| |
|--|

13 b Is the Business an Employer ☐ or Consultant ☒ ?

14 b Amount of payment.

\$25

| | |
|--|-----------------------|
| Name of Person Filing DONALD CROWE, SR. | File Number U- |
|--|-----------------------|

Part C Continuation Page

| | |
|---|--|
| C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value | |
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name BOB TYLER Trade Name, if any P O Box, Bldg , Room No , if any Street 1790 S. BRENTWOOD BLVD. City ST. LOUIS State Missouri ZIP Code + 4 63144 | 14 a Nature of payment <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> LUNCH AT HEALTH CARE MEETING ON 9/22/04 </div> |
| 13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ? | 14 b Amount of payment <div style="border: 1px solid black; width: 100px; float: right; text-align: center;">\$28</div> |

| | |
|--|--|
| C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value | |
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4 | 14 a Nature of payment <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> </div> |
| 13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ? | 14 b Amount of payment <div style="border: 1px solid black; width: 100px; float: right; text-align: center;">c</div> |

| | |
|--|---|
| C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value | |
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4 | 14 a Nature of payment. <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> </div> |
| 13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ? | 14 b Amount of payment. <div style="border: 1px solid black; width: 100px; float: right; text-align: center;"> </div> |